

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I/We hereby declare that:

My residence, post office address and citizenship are as stated near my name below.

I believe I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought in the invention entitled:

A DRIVE CIRCUIT FOR AN INJECTOR ARRANGEMENT

which is described and claimed in the specification of which:

(check one)

☐ is attached hereto.

☐ was filed on _____, as United States Application

Serial No. _____, Attorney Docket No. DP-309843, and (if applicable) was amended on _____.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to in this Declaration.

I acknowledge my duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim priority benefits under Title 35, United States Code, §119(a)-(e) or 35 USC §120 of any application(s) for patent or inventor's certificate or of any PCT application(s) :

COUNTRY
(OR INDICATE
IF PCT)

EP
PCT

APPLICATION
NUMBER

03255965.0
PCT/GB04/004067

DATE OF FILING
(month, day, year)

09/23/2003(now abandoned)
09/23/2004

I hereby declare that all statements made above of my own knowledge are true, that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I/We hereby appoint the following attorneys and/or agent(s) with the Customer Number provide below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith with full power of substitution, association and revocation.

CUSTOMER NUMBER 22851

ADDRESS ALL
CORRESPONDENCE TO:

ADDRESS ALL
TELEPHONE CALLS TO:

DAVID P. WOOD
DELPHI TECHNOLOGIES, INC.
CUSTOMER NUMBER 22851
Legal Staff
P.O. Box 5052
Mail Code: 480-410-202
Troy, MI 48007-5052

DAVID P. WOOD

Telephone: (248) 813-1202

Inventor's signature _____

Date: _____
Citizenship: GB

Full name : STEVEN J. MARTIN
Residence : CANTERBURY, KENT
Post office address: 26 HERNE BAY RD.STURRY
CANTERBURY, KENT CT2 0NJ